

Zoning Request

Office Use Only

Case Number

Date Submitted

Staff Action

PC Action/Date

Commission Action/Date

City of Collegedale, TN

4910 Swinyar Drive

PO Box 1880

Collegedale, TN 37315-1880

Phone: 423-396-3135

Fax: 423-396-3138

collegedaletn.gov



ZONING REQUEST

Existing Zone:

Proposed Zone:

Description of Development or Use:

PROPERTY LOCATION/ INFORMATION

Address (street number and name)

Tax Map No.

Plat Book/Page No.

Current Use:

Adjacent Uses:

APPLICANT INFORMATION

All communication by phone., fax, email, or mail will be with the applicant. If you are not the property owner, you will need to submit a signed letter from the property owner(s) indicating that you are acting as their agent (engineer, architect, broker, etc.)

Name:

Address:

City: State:

Zip Code:

Daytime Phone:

Mobile Phone:

Other Phone:

Fax:

(office use only)

Fee (see fee chart):

Ownership Verification:

Total Acres Considered:

Notice Signs:

Accepted By:

Date:

OWNER INFORMATION (if not applicant)

Name:

Address:

City: State:

Zip Code:

Daytime Phone:

Applicant Signature